FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions	_	
	(000 11001011		Office use only
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
INTERNATIONA L COMMITTEE	AL UNION OF OPERATING ENGIN	NEERS/LOCAL 17 POLITIC	AL ACTION
ADDRESS (number and st	reet) 5959 VERSAILLES RD)	
(Check if addre			
is changed)	LAKEVIEW		NY 14085
001447775505 1444		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL			
opereng17@ao	1.com		
COMMITTEE'S WEB F	AGE ADDRESS (URL)		
COMMITTEE'S FAX NI 7166272649	JMBER		
2. DATE 0.5	0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT	TION NUMBER	C00104455	
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my know	rledge and belief it is true, correct an	d complete
Type or Print Name of T	reasurer Alan Pero		
Signature of Treasurer	Electronically Filed by Alan Pero		Date 06 / 05 / Y Y Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may	subject the person signing this State	
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF CO	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliatio	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) X	This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) X	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L			
	Mailing Addre	ss 111 WASHINTON AVE SUITE 201	
		L , , , ALBANY, , , , , , , , , , , , , , , , , , ,	12210
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conn	ected Organization:	
	Corp	oration Corporation w/o Capital Stock X Labor Organiz	ation
	Mem	abership Organization Trade Association Cooperative	

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Write or Type Committee Name

			ACTION COMMITTEE

	INTERNATIONAL UNIC	ON OF OPERATING ENGINEERS/LOCAL 1	7 POLITICAL ACTION CO	OMMITTEE			
7.		Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.					
	Full Name Alan F	Pero					
	Mailing Address	5959 Versailles Road					
		Lakeview	NY	14085			
	Title or Position ▼	CITY A	STATE	ZIP CODE A			
			Felephone number				
3.	Treasurer: List the name name and address of any	e and address (phone number optional) of y designated agent (e.g., assistant treasurer)	the treasurer of the commi	ttee; and the			
	Full Name of Treasurer Alan F	Pero					
	Mailing Address	5959 Versailles Road					
		Lakeview	NY	14085			
	Title or Position ♥	CITY A	STATE	ZIP CODE A			
			Felephone number				
	Full Name of Designated Agent Alan F	Pero					
	Mailing Address	5959 Versailles Road					
		Lakeview	NY	14085_ –			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A			
	Treasure	r	Felephone number 716	627 2648			

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9.	Banks or Other D safety deposit boxe Name of Bank, De	xes or maintains funds.	accounts, rents		
		M & T Bank			
	Mailing Address	one fountain plaza			
		buffalo NY	14202		
		CITY A STATE A	ZIP CODE 🛕		
	Name of Bank, De	epository, etc.			
	Mailing Address				

CITY 🔼

STATE **△**

ZIP CODE 🛕